

32-0016523

### **HEALTH ANNUAL STATEMENT**

## FOR THE YEAR ENDING DECEMBER 31, 2007 OF THE CONDITION AND AFFAIRS OF THE

Priority Health Government Programs, Inc.

	3383 ,	3383 (Prior Period)	NAIC Company	Code	11520	Employer's	s ID Number	32-0016523			
Organized under the Laws	,	Michigan		. State of	Domicile	e or Port of Entry	N	/lichigan			
Country of Domicile				, United S		, o o. o,					
Licensed as business type:	Life, Accident	& Health [ ]	Property/C	asualty [ ]		ntal Service Corp	oration [ ]				
	,	Corporation [ ]		, [ ]		alth Maintenance		X 1			
			vice or Indemnity	[ ]			Qualified? Yes [ ] No [X]				
Incorporated/Organized	, ,	06/03/2002	Co	mmanaad [	enced Business 10/01/2002						
		00/03/2002	0	mmencea E	susiness		10/01/2002				
Statutory Home Office		1231 East Bel (Street and Nu		. ,			apids, MI 49525 own, State and Zip C				
Main Administrative Office		,	,	1231 Ea	et Raltli	, ,	•	,			
		4504			t and Numb	per)	2054				
	Rapids, MI 49525 Town, State and Zip			616-942-0954 (Area Code) (Telephone Number)							
Mail Address		ast Beltline NE		,			s, MI 49525-450				
Primary Location of Books a	,	Number or P.O. Box)			1221 🗆		State and Zip Code)				
•						et and Number)					
	Rapids, MI 49525 Town, State and Zip					616-464-8 (Area Code) (Teleph					
Internet Website Address		,	,	www.priority	-health.c		,				
Statutory Statement Contact	t	Kristy Shoem	naker	<u> </u>		61	6-464-8926				
kristy shoe	maker@priority-h	(Name)				(Area Code) (Tel 616-942-	ephone Number) (Ex	tension)			
	(E-mail Address)	ioditii.ooiii				(FAX Num					
			OFFICE	EDQ.							
Name		Title	Orrion		Name	)		Title			
Kimberly K Horn Judith W Hooyenga		dent / Chief Exe		Greg	ory A Ha	wkins #,	Treasurer / C	hief Financial Officer			
Juditii W Hooyenga		Secretary	OTHER OF	FICERS	<u> </u>	,					
James F Byrne	,	Vice Presid		IOLIC							
		DIDE	CTORS OF	TDIIG.	TEEQ						
James F Byrne		Neill P Ga			_	wkins #	Amy	Hedges #			
Kimberly K Horn		James S Slub	owski								
State of	Michigan										
County of	Kent	SS	i								
The officers of this reporting ent above, all of the herein described this statement, together with rela of the condition and affairs of the completed in accordance with the that state rules or regulations recrespectively. Furthermore, the so exact copy (except for formatting to the enclosed statement.	d assets were the a ted exhibits, sched e said reporting ent e NAIC Annual Stat quire differences in cope of this attestat	bsolute property of ules and explanatic ity as of the reporti ement Instructions reporting not relate ion by the describe	the said reporting enders therein contained ing period stated about and Accounting Practic to accounting practic officers also included to accounting practic officers also included the said report of the said reporting end of the said report end of the said reporting end of the said repor	ntity, free and I, annexed or ove, and of its ctices and Pro- ctices and pro- des the related	clear from referred to income a ocedures in cedures, a d correspond	n any liens or claim o is a full and true s and deductions ther manual except to the according to the bes anding electronic fili	s thereon, except a tatement of all the efrom for the perion e extent that: (1) so the tof their information of with the NAIC,	as herein stated, and that assets and liabilities and od ended, and have been tate law may differ; or, (2) on, knowledge and belief, when required, that is an			
Kimberly K President / Chief Ex			Gregory A l Freasurer / Chief F		icer		Judith W Ho				
Subscribed and sworn to b  28th day of  Cheryl Britcher Executive Administrative As	February, 2	008			b. I 1 2	s this an original f no, . State the amen 2. Date filed s. Number of page	dment number	Yes [ X ] No [ ]			
12/30/2011	ગાં ગાંધ										

## **EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID**

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
199999 Total individuals		-	-			
Group subscribers:						
1299997 Group subscriber subtotal		Λ	0	0		
1299997 Group subscriber subtotal					0	
1299999 Total group	0	0	0	0	0	
0299999 Total group						
0499999 Premiums due and unpaid from Medicaid entities	169,574	0	722,876	0	0	892,45
0599999 Accident and health premiums due and unpaid (Page 2, Line 13)	169,574	0	722,876	0	0	892,45

## **EXHIBIT 3 - HEALTH CARE RECEIVABLES**

EXHIBIT 3 - HEALTH CARE RECEIVABLES										
1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted				
Individually Listed Receivables: First Health		,	,							
First Health	342,670					342,670				
0199999 – Totals – Pharmaceutical rebate receivables	342,670					342,670				
0299998 - Aggregate of amounts not individually listed above.	26,802	70,897	27,340	28,048	28,048	125,039				
0299999 - Totals - Claim Overpayment Receivables		70,897	27,340	28,048		125,039				
State of Michigan.	392,407	156,960	39,240	0		588,607				
0699998 - Aggregate of amounts not individually listed above.		22,335		20,225	20,225	22,335				
0699999 - Totals - Other Receivables	392,407	179,295	39,240		20,225	610,942				
0799999 Gross health care receivables	761,879	250,192	66,580	48,273	48,273	1,078,651				

## **EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**

	Aging Analysis of Unpaid	Aging Analysis of Unpaid Claims										
1	2	3	4	5	6	7						
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total						
Claims Unpaid (Reported)												
	•											
	<b>+</b>											
	<b></b>											
						†						
	•											
	•					+						
	<b>+</b>											
	<b>1</b>											
0199999 Individually listed claims unpaid	0	0	0	0	0	0						
0299999 Aggregate accounts not individually listed-uncovered.						0						
0399999 Aggregate accounts not individually listed-covered	2,353,436					2,353,436						
0499999 Subtotals	2,353,436	0	0	0	0	2,353,436						
0599999 Unreported claims and other claim reserves						8,786,697						
0699999 Total amounts withheld						34,946						
0799999 Total claims unpaid						11,175,079						
0899999 Accrued medical incentive pool and bonus amounts						798,473						

## **EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES**

1	2	3	4	5	6	Adm	itted
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
Individually Listed Receivables: Priority Health Managed BenefitsPriority Health	78 , 132					78 , 132	0
Priority Health	24,956					24,956	0
0199999 Individually listed receivables	103,088	0	0	0	0	103,088	0
0299999 Receivables not individually listed							
0399999 Total gross amounts receivable	103,088	0	0	0	0	103,088	0

## EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Spectrum Health	Medicaid Risk Share	239,482	239,482	0
0199999 Individually listed payables.		239,482	239,482	0
0299999 Payables not individually listed		35,172	35,172	0
0199999 Individually listed payables 0299999 Payables not individually listed 0399999 Total gross payables		274,654	274,654	0

## 23

#### ANNUAL STATEMENT FOR THE YEAR 2007 OF THE Priority Health Government Programs, Inc.

### **EXHIBIT 7 PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS**

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:  1. Medical groups	0	0.0		0.0		
Nedical groups     Intermediaries	0	0.0		0.0		
3. All other providers		51.5		0.0	51,123,644	
Total capitation payments	51,123,644	51.5	0	0.0	51, 123, 644	0
Other Payments:						
5. Fee-for-service	6,427,049	6.5	XXX	XXX	,	6,427,049
Contractual fee payments		U.U	XXX XXX	XXXXXX	• • • • • • • • • • • • • • • • • • • •	
Bonus/withhold arrangements - contractual fee payments	41.628.046	42 0	XXX	XXX	41.628.046	• • • • • • • • • • • • • • • • • • • •
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	0	0.0	XXX	XXX	44 000 040	0.407.040
12. Total other payments	48,055,095	48.5	XXX	XXX	41,628,046	6,427,049
13. Total (Line 4 plus Line 12)	99,178,739	100 %	XXX	XXX	92,751,690	6,427,049

#### **EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES**

1	2	3	4 Average Monthly	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Total Adjusted Capital	Control Level RBC
	NONE				
	1.01.				
9999999 Totals			XXX	XXX	XXX

## EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		ost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
Administrative furniture and equipment	INON						
Medical furniture, equipment and fixtures							
Pharmaceuticals and surgical supplies							
Durable medical equipment							
Other property and equipment							
6. Total		0	0	0	0	0	0



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION Priority Health Government Programs, Inc. 2.

						(LOCATION)				
NAIC Group Code 3383 BUSINESS IN THE STATE OF	Michigan			DURING THE YEAR 2007				NA	C Company Code	11520
	1	Comprel (Hospital &		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	49,730	1,113							48,617	
2 First Quarter	49,931	1,086							48,845	
3 Second Quarter	50,227	1 , 110							49 , 117	
4. Third Quarter	50,484	1,087							49,397	
5. Current Year	50,775	1,109							49,666	
6 Current Year Member Months	603,296	13,179							590,117	
Total Member Ambulatory Encounters for Year:										
7. Physician	517,398	6,129							511,269	
8. Non-Physician	6,295	166							6,129	
9. Total	523,693	6,295	0	0	0	0	0	0	517,398	C
10. Hospital Patient Days Incurred	15,992	37							15,955	
11. Number of Inpatient Admissions	4,244	16							4,228	
12. Health Premiums Written (b)	119,820,333	1, 134, 356							118,685,977	
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	119,653,567	1,132,815							118,520,752	
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	99,178,739	686,089							98,492,650	
18. Amount Incurred for Provision of Health Care Services	103,550,739	769,406							102,781,333	

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons under indemnity only products \_\_\_\_\_ 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ \_\_\_\_\_\_0



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION Priority Health Government Programs, Inc. 2.

			(LOCATION)							
NAIC Group Code 3383 BUSINESS IN THE STATE OF	Consolidated			DURING THE YEAR	2007			NA	11520	
	1	Comprel (Hospital &	k Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	49,730	1,113	0	0	0	0	0	0	48,617	
2 First Quarter	49,931	1,086	0	0	0	0	0	0	48,845	
3 Second Quarter	50,227	1 , 110	0	0	0	0	0	0	49,117	
4. Third Quarter	50 , 484	1,087	0	0	0	0	0	0	49,397	
5. Current Year	50,775	1,109	0	0	0	0	0	0	49,666	
6 Current Year Member Months	603,296	13,179	0	0	0	0	0	0	590,117	
Total Member Ambulatory Encounters for Year:										
7. Physician	517,398	6 , 129	0	0	0	0	0	0	511,269	
8. Non-Physician	6,295	166	0	0	0	0	0	0	6,129	
9. Total	523,693	6,295	0	0	0	0	0	0	517,398	
10. Hospital Patient Days Incurred	15,992	37	0	0	0	0	0	0	15,955	
11. Number of Inpatient Admissions	4,244	16	0	0	0	0	0	0	4,228	
12. Health Premiums Written (b)	119,820,333	1 , 134 , 356	0	0	0	0	0	0	118 , 685 , 977	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	119,653,567	1, 132,815	0	0	0	0	0	0	118 ,520 ,752	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services		686,089	0	0	0	0	0	0	98 , 492 , 650	
18. Amount Incurred for Provision of Health Care Services	103,550,739	769,406	0	0	0	0	0	0	102,781,333	

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons under indemnity only products \_\_\_\_\_ 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ \_\_\_\_\_\_

### **SCHEDULE A - VERIFICATION BETWEEN YEARS**

Real Estate

Book/adjusted carrying value, December 31, prior year	0
Increase (decrease) by adjustment:	
2.1 Totals, Part 1, Column 11	0
2.2 Totals, Part 3, Column 8	0
Cost of acquired, (Totals, Part 2, Column 6, net of encumbinces Column and Let of Column permanent improvements (Column 9)	0
Cost of additions and permanent improvements:	
4.1 Totals, Part 1, Column 14.	0
4.2 Totals, Part 3, Column 10	0
Total profit (loss) on sales, Part 3, Column 15	0
Increase (decrease) by foreign exchange adjustment:	
6.1 Totals, Part 1, Column 12	0
6.2 Totals, Part 3, Column 9	0
Amounts received on sales, Part 3, Column 12 and Part 1, Column 13	0
Book/adjusted carrying value at end of current period	0
Total valuation allowance	
Subtotal (Lines 8 plus 9)	0
Total nonadmitted amounts	
Statement value, current period (Page 2, real estate lines, Net Admitted Assets column)	0
	Increase (decrease) by adjustment:  2.1 Totals, Part 1, Column 11  2.2 Totals, Part 3, Column 8.  Cost of acquired, (Totals, Part 2, Column 6, net of encumble nees, Column and let of different improvements (Column 9)  Cost of additions and permanent improvements:  4.1 Totals, Part 1, Column 14  4.2 Totals, Part 3, Column 10  Total profit (loss) on sales, Part 3, Column 15  Increase (decrease) by foreign exchange adjustment:  6.1 Totals, Part 1, Column 12  6.2 Totals, Part 3, Column 9  Amounts received on sales, Part 3, Column 12 and Part 1, Column 13  Book/adjusted carrying value at end of current period  Total valuation allowance  Subtotal (Lines 8 plus 9)  Total nonadmitted amounts

### **SCHEDULE B - VERIFICATION BETWEEN YEARS**

Mortgage Loans

1.	Book value/recorded investment excluding accrued interes of montage and ed. [In terms of a second or secon
2.	Amount loaned during year:
	2.1 Actual cost at time of acquisitions
	2.2 Additional investment made after acquisitions0
3.	Accrual of discount and mortgage interest points and commitment fees
4.	Increase (decrease) by adjustment
5.	Total profit (loss) on sale
	Amounts paid on account or in full during the year
7.	Amortization of premium
8.	Increase (decrease) by foreign exchange adjustment
9.	Book value/recorded investment excluding accrued interest on mortgages owned at end of current period
10.	Total valuation allowance
11.	Subtotal (Lines 9 plus 10)
	Total nonadmitted amounts
13.	Statement value of mortgages owned at end of current period (Page 2, mortgage lines, Net Admitted Assets column)

## **SCHEDULE BA - VERIFICATION BETWEEN YEARS**

Long-Term Invested Assets

1.	Book/adjusted carrying value of long-term invested assets a ned Decard 21 of bor y ar
2.	Cost of acquisitions during year:
	2.1 Actual cost at time of acquisitions
	2.2 Additional investment made after acquisitions
3.	Accrual of discount
4.	Increase (decrease) by adjustment
5.	Total profit (loss) on sale
6.	Amounts paid on account or in full during the year
7.	Amortization of premium
8.	Increase (decrease) by foreign exchange adjustment
9.	Book/adjusted carrying value of long-term invested assets at end of current period
10.	Total valuation allowance
11.	Subtotal (Lines 9 plus 10)
12.	Total nonadmitted amounts
13.	Statement value of long-term invested assets at end of current period (Page 2, Line 7, Column 3)

5.7 Totals

#### ANNUAL STATEMENT FOR THE YEAR 2007 OF THE Priority Health Government Programs, Inc.

### SCHEDULE D - PART 1A - SECTION 1

		Quality and Maturi	ا کان ity Distribution of All B	_		IA - SEU I	_	and NAIC Designation	e		
	1	2 Over 1 Year Through	3 Over 5 Years Through	4 Over 10 Years	5	6	7 Col. 6 as a	8 Total from Col. 6	9 % From Col. 7	10 Total Publicly	11 Total Privately Placed
Quality Rating per the NAIC Designation		5 Years	10 Years	Through 20 Years	Over 20 Years	Total Current Year	% of Line 10.7	Prior Year	Prior Year	Traded	(a)
1. U.S. Governments, Schedules D &			1			0 004 050	400.0	0.004.004	400.0	0 004 050	
1.1 Class 1	9,304,250					9,304,250	100.0	8,861,901	100.0	9,304,250	
1.2 Class 2						J	0.0	U	0.0		
1.3 Class 3						J	0.0	U	0.0		
1.4 Class 4						JU	0.0	U	0.0		
1.5 Class 5							0.0		0.0		
1.6 Class 6	0.004.050					0	0.0	0	0.0	0 004 050	
1.7 Totals	9,304,250	0	0	0	0	9,304,250	100.0	8,861,901	100.0	9,304,250	
2. All Other Governments, Schedules	D & DA (Group 2)		T								
2.1 Class 1						0	0.0	0	0.0		
2.2 Class 2						0	0.0	0	0.0		
2.3 Class 3			ļ			0	0.0	0	0.0		
2.4 Class 4						0	0.0	0	0.0		
2.5 Class 5						0	0.0	0	0.0		
2.6 Class 6						0	0.0	0	0.0		
2.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	(
3. States, Territories and Possession	s etc., Guaranteed, So	chedules D & DA (Grou	ıp 3)								
3.1 Class 1						0	0.0	0	0.0		
3.2 Class 2						0	0.0	0	0.0		
3.3 Class 3						0	0.0	0	0.0		
3.4 Class 4						0	0.0	0	0.0		
3.5 Class 5						0	0.0	0	0.0		
3.6 Class 6						0	0.0	0	0.0		
3.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	
4. Political Subdivisions of States, Te	rritories and Possess	ions. Guaranteed. Sch	edules D & DA (Group	4)							
4.1 Class 1				,		0	0.0	0	0.0		
4.2 Class 2						0	0.0	0	0.0		
4.3 Class 3						0	0.0	0	0.0		
4.4 Class 4						0	0.0	0	0.0		
4.5 Class 5						0	0.0	0	0.0		
4.6 Class 6						0	0.0	0	0.0		
4.7 Totals	0	0	n	0	0	0	0.0	0	0.0	n	
5. Special Revenue & Special Assess	•	•	nedules D & D∆ (Group	U	U	0	0.0	0	0.0	<u> </u>	<u> </u>
5.1 Class 1	ment Obligations etc.	, Honrouaranteed, Oct	Caulos D & DA (Gloup	<u> </u>	1	0	0.0	n	0.0		
5.2 Class 2						n	0.0	 Λ	0.0		
5.3 Class 3						 ا	0.0	ν	0.0		
5.4 Class 4		·	<b>†</b>			,	0.0	U	0.0		†
5.5 Class 5						U	0.0	υ Λ	0.0		
						J	0.0	U	0.0		
5.6 Class 6						0	0.0	U	0.0		

0.0

## SCHEDULE D - PART 1A - SECTION 1 (continued)

	1	2	3	4	5	d Carrying Values by N	7	8	9	10	11
	•	Over 1 Year Through	Over 5 Years Through	Over 10 Years			Col. 6 as a	Total from Col. 6	% From Col. 7	Total Publicly	Total Privately Place
Quality Rating per the NAIC Designation		5 Years	10 Years	Through 20 Years	Over 20 Years	Total Current Year	% of Line 10.7	Prior Year	Prior Year	Traded	(a)
6. Public Utilities (Unaffiliated), Sche	dules D & DA (Group (	6)									
6.1 Class 1						0	0.0	0	0.0		
6.2 Class 2						0	0.0	0	0.0		
6.3 Class 3						0	0.0	0	0.0		
6.4 Class 4						0	0.0	0	0.0		
6.5 Class 5						0	0.0	0	0.0		
6.6 Class 6						0	0.0	0	0.0		
6.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	
7. Industrial & Miscellaneous (Unaffil	iated), Schedules D &	DA (Group 7)									
7.1 Class 1						0	0.0	0	0.0		
7.2 Class 2						0	0.0	0	0.0		
7.3 Class 3						0	0.0	0	0.0		
7.4 Class 4						0	0.0	0	0.0		
7.5 Class 5						0	0.0	0	0.0		
7.6 Class 6						0	0.0	0	0.0		
7.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	
8. Credit Tenant Loans, Schedules D	& DA (Group 8)										
8.1 Class 1						0	0.0	0	0.0		
8.2 Class 2						0	0.0	0	0.0		
8.3 Class 3						0	0.0	0	0.0		
8.4 Class 4						0	0.0	0	0.0		
8.5 Class 5						0	0.0	0	0.0		
8.6 Class 6						0	0.0	0	0.0		
8.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	
9. Parent, Subsidiaries and Affiliates,	Schedules D & DA (G	Group 9)									
9.1 Class 1	,					0	0.0	0	0.0		
9.2 Class 2						0	0.0	0	0.0		
9.3 Class 3						0	0.0	0	0.0		
9.4 Class 4						0	0.0	0	0.0		
9.5 Class 5						0	0.0	0	0.0		
9.6 Class 6						0	0.0	0	0.0		
9.7 Totals	0	0	0	0	n n	0	0.0	0	0.0	0	

## SCHEDULE D - PART 1A - SECTION 1 (continued)

		Quality and Maturi	ty Distribution of All Be	onds Owned December	er 31, at Book/Adjuste	d Carrying Values by N	lajor Types of Issues	and NAIC Designation			•
	1	2	3	4	5	6	7	8	9	10	11
			Over 5 Years Through	Over 10 Years			Col. 6 as a	Total from Col. 6	% From Col. 7	Total Publicly	Total Privately Placed
Quality Rating per the NAIC Designation	1 Year or Less	5 Years	10 Years	Through 20 Years	Over 20 Years	Total Current Year	% of Line 10.7	Prior Year	Prior Year	Traded	(a)
10. Total Bonds Current Year											
10.1 Class 1	9,304,250	0	0	0	0	9,304,250	100.0	ХХХ	XXX	9,304,250	0
10.2 Class 2	0	0	0	0	0	0	0.0	XXX	ХХХ	0	0
10.3 Class 3	0	0	0	0	0	0	0.0	ХХХ	ХХХ	0	0
10.4 Class 4	0	0	0	0	0	0	0.0	XXX	ХХХ	0	0
10.5 Class 5	0	0	0	0	0	(c)0	0.0	ХХХ	ХХХ	0	0
10.6 Class 6	0	0	0	0	0	(c) 0	0.0	XXX	XXX	0	0
10.7 Totals	9,304,250	0	0	0	0	(b)9,304,250	100.0	ХХХ	ХХХ	9,304,250	0
10.8 Line 10.7 as a % of Col. 6	100.0	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	0.0
11. Total Bonds Prior Year		•	,								
11.1 Class 1	8,861,901	0	0	0	0	XXX	XXX	8,861,901	100.0	8,861,901	0
11.2 Class 2	0	0	0	0	0	ХХХ	ХХХ	0	0.0	0	0
11.3 Class 3	0	0	0	0	0	ХХХ	XXX	0	0.0	0	0
11.4 Class 4	0	0	0	0	0	ХХХ	XXX	0	0.0	0	0
11.5 Class 5	0	0	0	0	0	XXX	XXX	(c) 0	0.0	0	0
11.6 Class 6	0	0	0	0	0	XXX	XXX	(c) 0	0.0	0	0
11.7 Totals	8,861,901	0	0	0	0	XXX	XXX	(b)8,861,901	100.0	8,861,901	0
11.8 Line 11.7 as a % of Col. 8	100.0	0.0	0.0	0.0	0.0	XXX	XXX	100.0	XXX	100.0	0.0
12. Total Publicly Traded Bonds											
12.1 Class 1	9,304,250					9,304,250	100.0	8,861,901	100.0	9,304,250	XXX
12.2 Class 2	, , , , , , , , , , , , , , , , , , , ,					0	0.0	0	0.0	0	XXX
12.3 Class 3						0	0.0	0	0.0	0	XXX
12.4 Class 4						0	0.0	0	0.0	0	XXX
12.5 Class 5						0	0.0	0	0.0	0	XXX
12.6 Class 6						0	0.0	0	0.0	0	XXX
12.7 Totals	9,304,250	0	0	0	0	9,304,250	100.0	8,861,901	100.0	9,304,250	XXX
12.8 Line 12.7 as a % of Col. 6	100.0	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
12.9 Line 12.7 as a % of Line 10.7,											
Col. 6, Section 10	100.0	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
13. Total Privately Placed Bonds		•	,								
13.1 Class 1						0	0.0	0	0.0	XXX	0
13.2 Class 2						0	0.0	0	0.0	XXX	0
13.3 Class 3						0	0.0	0	0.0	XXX	0
13.4 Class 4						0	0.0	0	0.0	XXX	0
13.5 Class 5						0	0.0	0	0.0	XXX	0
13.6 Class 6						0	0.0	0	0.0	XXX	0
13.7 Totals	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.8 Line 13.7 as a % of Col. 6	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0
13.9 Line 13.7 as a % of Line 10.7,									,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Ī
Col. 6, Section 10	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0
Col. 6, Section 10		0.0	0.0	0.0	0.0	0.0	۸۸۸	۸۸۸	۸۸۸	۸۸۸	<u> </u>

## **SCHEDULE D - PART 1A - SECTION 2**

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues												
	1	2 Over 1 Year	3 Over 5 Years	4 Over 10 Years	5	6	7 Col. 6 as a %	8 Total from Col 6	9 % From Col. 7	10 Total Publicly	11 Total Privately	
Distribution by Type	1 Year or Less	Through 5 Years	Through 10 Years	Through 20 Years	Over 20 Years	Total Current Year	of Line 10.7	Prior Year	Prior Year	Traded	Placed	
1, U.S. Governments, Schedules D & DA (Group 1)	•	Ü		Ĭ								
1.1 Issuer Obligations	9,304,250					9,304,250	100.0	8,861,901	100.0	9,304,250		
1.2 Single Class Mortgage-Backed/Asset-Backed Securities						0	0.0	0	0.0			
1.7 Totals	9.304.250	0	0	0	0	9.304.250	100.0	8.861.901	100.0	9.304.250		
2. All Other Governments. Schedules D & DA (Group 2)		-			-	.,,		.,,		.,,		
2.1 Issuer Obligations						0	0.0	0	0.0			
2.2 Single Class Mortgage-Backed/Asset-Backed Securities						0	0.0	0	0.0			
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES												
2.3 Defined						0	0.0	0	0.0			
2.4 Other						0	0.0	0	0.0			
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-												
BACKED SECURITIES												
2.5 Defined						0	0.0	0	0.0			
2.6 Other						0	0.0	0	0.0			
2.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0		
3. States, Territories, and Possessions Guaranteed, Schedules D & DA (Group 3)												
3.1 Issuer Obligations						0	0.0	0	0.0			
3.2 Single Class Mortgage-Backed/Asset-Backed Securities						0	0.0	0	0.0			
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES												
3.3 Defined						0	0.0	0	0.0			
3.4 Other						0	0.0	0	0.0			
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-												
BACKED SECURITIES												
3.5 Defined						0	0.0	0	0.0			
3.6 Other						Û	0.0	0	0.0			
3.7 Totals	0	0	0	0	Λ	0	0.0	0	0.0	Λ		
4. Political Subdivisions of States, Territories and Possessions, Guaranteed, Sched	dulas D & DA (Graup 4)	U	U	U	0	U	0.0	U	0.0	0		
4.1 Issuer Obligations	ules D & DA (Group 4)					0	0.0	0	0.0			
4.2 Single Class Mortgage-Backed/Asset-Backed Securities						n	0.0	0	0.0			
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES												
4.3 Defined						0	0.0	0	0.0			
4.4 Other						Ď.	0.0	0	0.0			
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-												
BACKED SECURITIES												
4.5 Defined						n	0.0	n	0.0			
4.6 Other						ñ	0.0	ñ	0.0			
4.7 Totals	Λ	n	Λ	n	Λ	0	0.0	0	0.0	Λ		
5. Special Revenue & Special Assessment Obligations etc., Non-Guaranteed, Scher	dulas D. & D.A. (Grave 5)	U	U	U	U	U	0.0	U	0.0	U		
5.1 Issuer Obligations	nnes n & ny (Gronb 2)			1		Λ	0.0	n	0.0			
5.2 Single Class Mortgage Backed/Asset Backed Securities						Λ	0.0	ν	0.0			
5.2 Single Class Mortgage-Backed/Asset-Backed Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES						1		ν				
5.3 Defined						n	0.0	n	0.0			
5.4 Other			İ			Λ	0.0	n	0.0			
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-						1		ν				
BACKED SECURITIES												
5.5 Defined						Λ	0.0	n	0.0			
5.6 Other							0.0	ν	0.0			
	^	^	^	^	^	0	0.0	0	0.0	^		
5.7 Totals	I ()	()	I ()	I ()	()	1 ()	() ()	· ()	() ()	()		

## SCHEDULE D - PART 1A - SECTION 2 (continued)

				December 31, at Book							
5	1	2 Over 1 Year Through	3 Over 5 Years	4 Over 10 Years	5	6	7 Col. 6 as a	8 Total from Col. 6	9 % From Col. 7	10 Total Publicly	11 Total Privately
Distribution by Type	1 Year or Less	5 Years	Through 10 Years	Through 20 Years	Over 20 Years	Total Current Year	% of Line 10.7	Prior Year	Prior Year	Traded	Placed
6. Public Utilities (Unaffiliated), Schedules D & DA (G	roup 6)	1					0.0	0	0.0		
6.1 Issuer Obligations						υ	0.0	0	0.0		
6.2 Single Class Mortgage-Backed/Asset-Based     Securities						0	0.0	0	0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE- BACKED SECURITIES											
6.3 Defined						0	0.0	0	0.0		
6.4 Other						0	0.0	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES											
6.5 Defined						0	0.0	0	0.0		
6.6 Other						0	0.0	0	0.0		
6.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	
7. Industrial & Miscellaneous (Unaffiliated), Schedule	s D & DA (Group 7)	•									
7.1 Issuer Obligations	` '					0	0.0	0	0.0		
7.2 Single Class Mortgage-Backed/Asset-Based Securities						0	0.0	0	0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE- BACKED SECURITIES											
7.3 Defined						0	0.0	0	0.0		l
7.4 Other						0	0.0	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES											
7.5 Defined						0	0.0	0	0.0		
7.6 Other						0	0.0	0	0.0		
7.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	
8. Credit Tenant Loans, Schedules D & DA (Group 8)											
8.1 Issuer Obligations						0	0.0	0	0.0		
8.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	
9. Parents, Subsidiaries and Affiliates, Schedules D 8	& DA (Group 9)			-	-			-		<u> </u>	
9.1 Issuer Obligations	\- \(\frac{1}{2} = 2 \)					.0	0.0	0	0.0		
9.2 Single Class Mortgage-Backed/Asset-Based Securities						0	0.0	0	0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE- BACKED SECURITIES											
9.3 Defined						0	0.0	0	0.0		
9.4 Other						0	0.0	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES											
9.5 Defined						0	0.0	0	0.0		
9.6 Other						0	0.0	0	0.0		
9.7 Totals	Λ	Λ	Λ	n	n	n	0.0	0	0.0	0	

## SCHEDULE D - PART 1A - SECTION 2 (continued)

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues													
	1	2	3	4	5	6	7	8	9	10	11		
		Over 1 Year	Over 5 Years	Over 10 Years		Total		Total From Col. 6		Total Publicly	Total Privately		
Distribution by Type	1 Year or Less	Through 5 Years	Through 10 Years	Through 20 Years	Over 20 Years	Current Year	of Line 10.7	Prior Year	Prior Year	Traded	Placed		
10. Total Bonds Current Year													
10.1 Issuer Obligations	9,304,250	0	0	0	0	9,304,250	100.0	XXX	XXX	9,304,250	0		
10.2 Single Class Mortgage-Backed/Asset-Backed Securities	0	0	0	0	0	0	0.0	XXX	XXX	0	0		
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES													
10.3 Defined	0	0	0	0	0	0	0.0	XXX	XXX	0	0		
10.4 Other	0	0	0	0	0	0	0.0	XXX	XXX	0	0		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES	0	0	0	0	0	0	0.0	VVV	VVV	0	0		
10.5 Defined	U	0	 0	0	0	U	0.0	XXX	XXX	0	0		
10.6 Other	U	0	0	0	0	0.004.050	0.0	XXX	XXX	0.004.050	0		
10.7 Totals	9,304,250	0	0	0	0	9,304,250	100.0	XXX	XXX	9,304,250	0		
10.8 Line 10.7 as a % of Col. 6	100.0	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	0.0		
11. Total Bonds Prior Year	0.004.004	_	_	_	_	VVV	VVV	0.004.004	400.0	0 004 004			
11.1 Issuer Obligations	8,861,901		0	0	0	XXX	XXX	8,861,901	100.0	8,861,901	0		
11.2 Single Class Mortgage-Backed/Asset-Backed Securities	0	0	J	0	0	XXX	XXX	<b></b>	0.0	0	0		
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES	0	0	0	0	0	XXX	XXX		0.0	0	0		
11.3 Defined	 0	U	U	 0	U	XXX	XXX	U	0.0	U	U		
11.4 Other		U			0						U		
	0	0	0	0	0	XXX	XXX	0	0.0	0	0		
11.5 Defined	 0	0	0 0	0	0	XXX	XXX	0	0.0	U			
11.7 Totals	8.861.901	0	0	0	0	XXX	XXX	8.861.901	100.0	8,861,901	0		
11.8 Line 11.7 as a % of Col. 8	100.0	0.0	0.0	0.0	0.0	XXX	XXX	100.0	XXX	100.0	0.0		
12. Total Publicly Traded Bonds	100.0	0.0	0.0	0.0	0.0	۸۸۸	۸۸۸	100.0	۸۸۸	100.0	0.0		
	9.304.250					9,304,250	100.0	8.861.901	100.0	9,304,250	XXX		
12.1 Issuer Obligations	9,304,230					9,304,230	0.0	0,001,901	0.0	9,304,230	XXX		
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES						U				U			
12.3 Defined						0	0.0	0	0.0	0	XXX		
12.4 Other						 N	0.0		0.0	D	XXX		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES													
12.5 Defined						0	0.0	0	0.0	0	XXX		
12.6 Other						0	0.0	0	0.0	0	XXX		
12.7 Totals	9.304.250	0	0	0	0	9.304.250	100.0	8,861,901	100.0	9,304,250	XXX		
12.8 Line 12.7 as a % of Col. 6	100.0	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX		
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10	100.0	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX		
13. Total Privately Placed Bonds													
13.1 Issuer Obligations						0	0.0	0	0.0	XXX	0		
13.2 Single Class Mortgage-Backed/Asset-Backed Securities						0	0.0	0	0.0	XXX	0		
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES													
13.3 Defined						0	0.0	0	0.0	XXX	0		
13.4 Other						0	0.0	0	0.0	XXX	0		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES													
13.5 Defined						0	0.0	0	0.0	XXX	0		
13.6 Other						0	0.0	0	0.0	XXX	0		
13.7 Totals	0	0	0	0	0	0	0.0	0	0.0	XXX	0		
13.8 Line 13.7 as a % of Col. 6	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0		
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0		

## **SCHEDULE DA - PART 2 - VERIFICATION BETWEEN YEARS**

Short-Term Investr	nents				
	1	2	3	4	5
	Total	Bonds	Mortgage Loans	Other Short-term Investment Assets(a)	Investments in Parent, Subsidiaries and Affiliates
Book/adjusted carrying value, prior year	8,861,901	8,861,901	0	0	0
Cost of short-term investments acquired	17,465,398	17 , 465 , 398	0	0	0
3. Increase (decrease) by adjustment	68,042	68,042	0	0	0
Increase (decrease) by foreign exchange adjustment	0	0	0	0	0
5. Total profit (loss) on disposal of short-term investments	0	0	0	0	0
6. Consideration received on disposal of short-term investments	18,132,216	18,132,216	0	0	0
7. Book/adjusted carrying value, current year	8,263,125	8,263,125	0	0	0
8. Total valuation allowance	0	0	0	0	0
9. Subtotal (Lines 7 plus 8)	8,263,125	8,263,125	0	0	0
10. Total nonadmitted amounts	0	0	0	0	0
11. Statement value (Lines 9 minus 10)	8,263,125	8,263,125	0	0	0
12. Income collected during year	452,627	452,627	0	0	0
13. Income earned during year	447,662	447,662	0	0	0

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment:

Schedule DB - Part A - VBY

NONE

Schedule DB - Part B - VBY

NONE

Schedule DB - Part C - VBY NONE

Schedule DB - Part D - VBY

NONE

Schedule DB - Part E - VBY NONE

Schedule DB - Part F - Section 1

NONE

Schedule DB - Part F - Section 2

NONE

Schedule S - Part 1 - Section 2

NONE

Schedule S - Part 2

NONE

1599999 Totals

#### ANNUAL STATEMENT FOR THE YEAR 2007 OF THE Priority Health Government Programs, Inc.

### **SCHEDULE S - PART 3 - SECTION 2**

	SCHEDULE 3 - FART 3 - SECTION 2												
			Re	einsurance Ceded Accident and Health Insu	rance Listed	d by Reinsuring Con	npany as of Decembe	er 31, Current Year					
1	2	3	4	5	6	7	8	g	Outstanding 9	Surplus Relief	12	13	
NAIC	-	Ŭ	•	ů	Ŭ	'		Reserve Credit	10	11	Modified	10	
Company	Federal ID						Unearned Premiums		10		Coinsurance	Funds Withheld	
Code		Effective Date	Name of Company	Location	Type	Premiums		Unearned Premiums	Current Year	Prior Year	Reserve	Under Coinsurance	
92711	35 - 1817054			Kennesaw. GA	SSL/I/A	166,766	(Estimated)	oncamea i iciniams	Ouriciit reai	T HOT T COI	TRESCIVE	Officer Confidence	
			- Non-Affiliates	Noniosaw, on	90L/1/N	166,766							
		d General Account				166.766							
			d General Account			166,766							
0133333 -	TOTAL AUTHOLIZE	a and onauthorize	d delicial Account		1	100,700							
	•••••					• • • • • • • • • • • • • • • • • • • •							
	······	•									• • • • • • • • • • • • • • • • • • • •		
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		•											

## **SCHEDULE S - PART 4**

	Reinsurance Ceded to Unauthorized Companies													
1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsurer	5 Reserve Credit Taken	6 Paid and Unpaid Losses Recoverable (Debit)	7 Other Debits	8 Total (Cols. 5+6+7)	9 Letters of Credit	10 Trust Agreements	11 Funds Deposited by and Withheld from Reinsurers	12 Other	13 Miscellaneous Balances (Credit)	14 Sum of Cols 9+10+11+12+13 But Not in Excess of Col. 8	
·····														
		<b></b>												
		<b>†</b>			·									
		<b>†</b>			•		NE							
		ļ												
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		t			<b>†</b>									
		<b>†</b>			ł									
1199999	Total		1											

# Schedule S-Part 5 Five-Year Exhibit of Reinsurance Ceded Business (000 Omitted)

	(000 Omitted)													
		1 2007	2 2006	3 2005	4 2004	5 2003								
Α. (	OPERATIONS ITEMS													
1.	Premiums	2	2	2	2	3								
2.	Title XVIII-Medicare	0	0	0	0	0								
3.	Title XIX-Medicaid	165	155	131	116	109								
4.	Commissions and reinsurance expense allowance	0	0	0	0	0								
5.	Total hospital and medical expenses	0	0	0	0	0								
В. І	BALANCE SHEET ITEMS													
6.	Premiums receivable	0	0	0	0	0								
7.	Claims payable	0	0	0	0	0								
8.	Reinsurance recoverable on paid losses	0	0	0	0	0								
9.	Experience rating refunds due or unpaid	0	0	0	0	0								
10.	Commissions and reinsurance expense allowances unpaid	0	0	0	0	0								
11.	Unauthorized reinsurance offset	0	0	0	0	0								
	JNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)													
	Funds deposited by and withheld from (F)		0	0	0	0								
	Letters of credit (L)		0	0	0	0								
14.	Trust agreements (T)	0	0	0	0	0								
15.	Other (O)	0	0	0	0	0								

## **SCHEDULE S-PART 6**

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1	2	3
		As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 10)	22 , 540 , 390	166,766	22 , 707 , 156
2.	Accident and health premiums due and unpaid (Line 13)	892,450		892,450
3.	Amounts recoverable from reinsurers (Line 14.1)	0		0
4.	Net credit for ceded reinsurance.	XXX	(166,766)	(166,766)
5.	All other admitted assets (Balance)	1,284,238		1,284,238
6.	Total assets (Line 26)	24,717,078	0	24,717,078
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	11,175,079	0	11, 175, 079
8.	Accrued medical incentive pool and bonus payments (Line 2)	798 , 473		798,473
9.	Premiums received in advance (Line 8)	573,947		573,947
10.	Funds held under reinsurance treaties with authorized and unauthorized insurers (Line 17)	0		0
11.	Reinsurance in unauthorized companies (Line 18)	0		0
12.	All other liabilities (Balance)	724,126		724,126
13.	Total liabilities (Line 22)	13,271,625	0	13,271,625
14.	Total capital and surplus (Line 31)	11,445,453	XXX	11,445,453
15.	Total liabilities, capital and surplus (Line 32)	24,717,078	0	24,717,078
	NET CREDIT FOR CEDED REINSURANCE			
16.	Claims unpaid	0		
17.	Accrued medical incentive pool	0		
18.	Premiums received in advance	0		
19.	Reinsurance recoverable on paid losses	0		
20.	Other ceded reinsurance recoverables	(166,766)		
21.	Total ceded reinsurance recoverables	(166,766)		
22.	Premiums receivable	0		
23.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
24.	Unauthorized reinsurance	0		
25.	Other ceded reinsurance payables/offsets	0		
26.	Total ceded reinsurance payables/offsets	0		
27.	Total net credit for ceded reinsurance	(166,766)		

# SCHEDULE T – PART 2 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN Allocated by States and Territories

	Allocated by States and Territories  Direct Business Only						
		1 Life	2	3 Disability Income	4 Long-Term Care	5	6
States, Etc.		(Group and Individual)	Annuities (Group and Individual)	(Group and Individual)	(Group and Individual)	Deposit-Type Contracts	Totals
1. Alabama	AL		,				
2. Alaska	AK						
3. Arizona							
4. Arkansas	AR						
5. California	CA						
6. Colorado	CO						
7. Connecticut	CT						
8. Delaware	DE						
9. District of Columbia	DC						
10. Florida	FL						
11. Georgia	GA						
12. Hawaii	HI						
13. Idaho	ID						
14. Illinois	IL						
15. Indiana							
	IA						
17. Kansas	KS						
18. Kentucky				• • • • • • • • • • • • • • • • • • • •			
•	LA			• • • • • • • • • • • • • • • • • • • •			
20. Maine	ME						
21. Maryland	IVID						
22. Massachusetts 23. Michigan 24. Minnesota	JVIA						
23. Michigan	Ml	·····					
24. Minnesota	MN						
25. Mississippi	MS						
26. Missouri							
27. Montana							
28. Nebraska	NE						
29. Nevada	NV						
30. New Hampshire	NH						
31. New Jersey	NJ						
32. New Mexico	NM						
33. New York	NY						
34. North Carolina	NC						
35. North Dakota	ND						
36. Ohio	OH						
	OK						
38. Oregon	OR						
39. Pennsylvania							
40. Rhode Island				• • • • • • • • • • • • • • • • • • • •			
41. South Carolina	SC						
	SD						
42. South Dakota			·····				
	TN						
	TX						
45. Utah							
46. Vermont	VT						
47. Virginia					}		
48. Washington							
49. West Virginia							
50. Wisconsin					ļ		
51. Wyoming							
52. American Samoa	AS						
53. Guam							
54. Puerto Rico							
55. U.S. Virgin Islands							
56. Northern Mariana Islands							
57. Canada							
58. Aggregate Other Alien							
58. Aggregate Other Alien							

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES **SCHEDULE Y** 

~	2	8	4	5	9		8	6	10 11	12	13
NAIC Company	Federal ID		Shareholder	Capital	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage L Loans or Other	(Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any	Management Agreements and	(S)	Any Other Material Activity Not in the Ordinary Course of the Insurer's		Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit
Code	ŕ	Names of Insurers and Parent, Subsidiaries or Affiliates	Dividends		Investments		Service Contracts	Agreements	* Business	ĭ	Taken/(Liability)
11320	38-3085182	Priority Health Managed Benefits					7,842,848			7,842,848	
) 6666666	9999999 Control Totals		0	0	0	0	0	XXX 0	XX	0	0 0

#### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory

	MARCH FILING	Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	YES
	APRIL FILING	
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
	JUNE FILING	
8.	Will an audited financial report be filed by June 1?	YES
which t	llowing supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the special report must be filed, your response of <b>NO</b> to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code ment is required of your company but is not filed for whatever reason enter <b>SEE EXPLANATION</b> and provide an explanation following the interrogatory.	e will be printed below. If the
	MARCH FILING	
9.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
10.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
11.	Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	N0
12.	Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	SEE EXPLANATION
13.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	N0
	APRIL FILING	
14.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
15.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	N0
16.	Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	NO
11. 12. no 13. 14. 15.	t applicable to the plan	
10.		
BAR C	ODE:	
9.	1 1 5 2 0 2 0 0 7 3 6 0 5 9 0 0 0	
10.		
11.		
13.		
14.		
15.		

## **OVERFLOW PAGE FOR WRITE-INS**

## ALPHABETICAL INDEX (http://www.naic.org/committees\_e\_app\_blanks.htm)

#### ANNUAL STATEMENT BLANK

Exhibit of Nonadmitted Assets	16
Analysis of Operations By Lines of Business	7
Assets	2
Cash Flow	6
Exhibit 1 – Enrollment By Product Type for Health Business Only	17
Exhibit 2 – Accident and Health Premiums Due and Unpaid	18
Exhibit 3 – Health Care Receivables	19
Exhibit 4 – Claims Unpaid and Incentive Pool, Withhold and Bonus	20
Exhibit 5 – Amounts Due From Parent, Subsidiaries and Affiliates	21
Exhibit 6 – Amounts Due To Parent, Subsidiaries and Affiliates	22
Exhibit 7 – Part 1 – Summary of Transactions With Providers	23
Exhibit 7 – Part 2 – Summary of Transactions With Intermediaries	23
Exhibit 8 – Furniture, Equipment and Supplies Owned	24
Exhibit of Capital Gains (Losses)	15
Exhibit of Net Investment Income	15
Exhibit of Premiums, Enrollment and Utilization (State Page)	30
Five-Year Historical Data	29
General Interrogatories	27
Jurat Page	1
Liabilities, Capital and Surplus	3
Notes To Financial Statements	25
Overflow Page For Write-ins	55
Schedule A – Part 1	E01
Schedule A – Part 2	E02
Schedule A – Part 3	E03
Schedule A – Verification Between Years	31
Schedule B – Part 1	E04
Schedule B – Part 2	E05
Schedule B – Verification Between Years	31
Schedule BA – Part 1	E06
Schedule BA – Part 2	E07
Schedule BA – Verification Between Years	31
Schedule D – Part 1	E08
Schedule D – Part 1A – Section 1	33
Schedule D – Part 1A – Section 2	36
Schedule D – Part 2 – Section 1	E09

## **ALPHABETICAL INDEX**

<b>ANNUAL</b>	<u>. STATEMENT</u>	BLANK	(Continued)	)

Schedule D – Part 2 – Section 2	E10
Schedule D – Part 3	E11
Schedule D – Part 4	E12
Schedule D – Part 5	E13
Schedule D – Part 6 – Section 1	E14
Schedule D – Part 6 – Section 2	E14
Schedule D – Summary By Country	32
Schedule D – Verification Between Years	32
Schedule DA – Part 1	E15
Schedule DA – Part 2 – Verification Between Years	39
Schedule DB – Part A – Section 1	E16
Schedule DB – Part A – Section 2	E16
Schedule DB – Part A – Section 3	E17
Schedule DB – Part A – Verification Between Years	40
Schedule DB – Part B – Section 1	E17
Schedule DB – Part B – Section 2	E18
Schedule DB – Part B – Section 3	E18
Schedule DB – Part B – Verification Between Years	40
Schedule DB – Part C – Section 1	E19
Schedule DB – Part C – Section 2	E19
Schedule DB – Part C – Section 3	E20
Schedule DB – Part C – Verification Between Years	41
Schedule DB – Part D – Section 1	E20
Schedule DB – Part D – Section 2	E21
Schedule DB – Part D – Section 3	E21
Schedule DB – Part D – Verification Between Years	41
Schedule DB – Part E – Section 1	E22
Schedule DB – Part E – Verification	41
Schedule DB – Part F – Section 1	42
Schedule DB – Part F – Section 2	43
Schedule E – Part 1 – Cash	E23
Schedule E – Part 2 – Cash Equivalents	E24
Schedule E – Part 3 – Special Deposits	E25
Schedule S – Part 1 – Section 2	44
Schedule S – Part 2	45
Schedule S – Part 3 – Section 2	46
Schedule S – Part 4	47
Schedule S – Part 5	48
Schedule S – Part 6	49
Schedule T – Part 2 – Interstate Compact	51

## **ALPHABETICAL INDEX**

Schedule T – Premiums and Other Considerations	50
Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group	52
Schedule Y - Part 2 – Summary of Insurer's Transactions With Any Affiliates	53
Statement of Revenue and Expenses	4
Summary Investment Schedule	26
Supplemental Exhibits and Schedules Interrogatories	54
Underwriting and Investment Exhibit – Part 1	8
Underwriting and Investment Exhibit – Part 2	9
Underwriting and Investment Exhibit – Part 2A	10
Underwriting and Investment Exhibit – Part 2B	11
Underwriting and Investment Exhibit – Part 2C	12
Underwriting and Investment Exhibit – Part 2D	13
Underwriting and Investment Exhibit Part 3	1/